

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Pima		B. LENGTH OF STAY IN THIS TOWN 2 Mos. IN ARIZONA 2 Mos.		2. USUAL RESIDENCE A. STATE California		REGISTRAR'S NO. 667	
	C. CITY OR TOWN Tucson		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Redlands		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION So. Pac. Hospital				D. STREET (IF RURAL, GIVE LOCATION) 124 Sunnyside			
DECEASED NAME OF SPOUSE	3. NAME OF DECEASED (TYPE OR PRINT) Wesley Ernest Hinshaw		4. SEX Male		5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	
	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH 10 DAY 10 YEAR 1912		8. AGE (IN YEARS) LAST BIRTHDAY 47 Yrs.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVER IF RETIRED) Engineer	
	9B. KIND OF BUSINESS OR INDUSTRY Railroad		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana		11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No	
FATHER'S NAME	14A. FATHER'S NAME Gurnie R. Hinshaw		14B. BIRTHPLACE (STATE OR COUNTRY) Indiana		15A. MOTHER'S MAIDEN NAME Zella B. Styer		15B. BIRTHPLACE (STATE OR COUNTRY) Indiana	
	16. INFORMANT'S SIGNATURE Zella B. Hinshaw				17. DATE (MONTH) April (DAY) 10 (YEAR) 1960			
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Cerebral Vascular Accident 2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Terminal pneumonia 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 3 yrs few days			
RATIONS. TOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1/29/60 TO 4/10/60 THAT I LAST SAW THE DECEASED ALIVE ON April 10 1960 AND THAT DEATH OCCURRED AT 3:55 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE W. C. Hinshaw		22B. ADDRESS So. Pac. Hospital, Tucson, Ariz.		22C. DATE SIGNED 4-11-60			
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED			
JNERAL RECTOR AND GISTRAR	25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 4-12-60		25C. NAME OF CEMETERY OR CREMATORY Montecito Memorial Park		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Redlands, California	
	26A. DATE REC. LOCAL REG.		26B. REGISTRAR'S SIGNATURE Theresa L. Okey		27A. FUNERAL DIRECTOR'S SIGNATURE Howard H. Burt		27B. ADDRESS Briggs's Funeral Home Tucson, Arizona	
	28A. EMBALMER'S SIGNATURE Howard H. Burt		28B. EMBALMER'S CERT. 222					